

2025

FORMULARY ADDENDUM

List of Covered Drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Formulary ID: 25501 Version: 9

This formulary was updated on 2/1/2025. For more recent information or other questions, please contact Optum Rx at 1-800-707-8194 (TTY: 711), 24 hours a day, 7 days per week or visit www.KelseyCareAdvantage.com.

1-866-535-8343 (TTY: 711)
KelseyCareAdvantage.com

Formulary Addendums as of 02/01/2025

Additions

Drug Name	Tier	Notes	Effective Date
adalimumab-aaty (1-pen) subcutaneous solution auto-injector 80mg/0.8mL	5	PA; QL (6 EA / 28 days)	2/1/2025
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20mg/0.2ml	5	PA; QL (1 EA / 28 days)	2/1/2025
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40mg/0.4ml	5	PA; QL (3 EA / 28 days)	2/1/2025
adalimumab-aaty (2-pen) subcutaneous solution auto-injector 40mg/0.4mL	5	PA; QL (6 EA / 28 days)	2/1/2025
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300MG/2ML	5	PA; QL (6 EA / 28 days)	2/1/2025
AUGTYRO ORAL CAPSULE 160 MG	5	PA	2/1/2025
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG	5	PA; QL (30 tabs / 30 days)	1/1/2025
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (56 tabs / 365 days)	1/1/2025
azurette oral tablets	3		1/1/2025
COBENFY ORAL CAPSULE 20MG; 50MG, 30MG; 125MG, 20MG; 100MG	5	PA; QL (60 tabs / 30 days)	2/1/2025
COBENFY ORAL CAPSULE STARTER PACK 20 MG; 0	5	PA; QL (112 tabs / 365 days)	2/1/2025
dasatinib oral tablets 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	5	PA	2/1/2025
doxepin hydrochloride oral tablets 3 mg, 6 mg	3	QL (30 tabs / 30 days)	2/1/2025
DRIZALMA SPRINKLE CSDR 20 MG, 60 MG	4	QL (60 tabs / 30 days)	1/1/2025
DRIZALMA SPRINKLE CSDR 30 MG, 40 MG	4	QL (90 tabs / 30 days)	1/1/2025
ENTRESTO ORAL CAPSULE 15-16 MG	3	QL (240 caps / 30 days)	1/1/2025
ENTRESTO ORAL CAPSULE 6-6 MG	3	QL (240 caps / 30 days)	1/1/2025
gallifrey oral tablets	3		2/1/2025
hydrocodone-acetaminophen oral tablet 2.5-325 mg	3		2/1/2025
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (60 tabs / 30 days)	2/1/2025
ITOVEBI ORAL TABLET 9 MG	5		2/1/2025

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Formulary Addendums as of 02/01/2025

Additions

Drug Name	Tier	Notes	Effective Date
ivabradine hcl oral tablet 5 mg, 7.5 mg	4	PA; QL (60 tabs / 30 days)	1/1/2025
l-glutamine oral packet 5 gm	5	PA	1/1/2025
LAZCLUZE ORAL TABLET 240 MG	5	PA	2/1/2025
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 tabs / 30 days)	2/1/2025
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; QL (60 mL / 30 days)	2/1/2025
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; QL (90 mL / 30 days)	2/1/2025
LUMAKRAS ORAL TABLET 240 MG	5	PA	2/1/2025
MRESVIA INTRAMUSCULAR SUSY 50MCG/0.5ML	1		1/1/2025
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 mL / 28 days)	2/1/2025
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (0.40 mL / 28 days)	2/1/2025
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG/VIAL	5	PA; QL (3 mL / 28 days)	2/1/2025
OTEZLA ORAL TABLET 20 MG	5	PA; QL (60 tabs / 30 days)	1/1/2025
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 MG	5	PA; QL (110 / 365 days)	1/1/2025
quinapril/hydrochlorothiazide oral tablets 12.5MG; 10MG, 12.5MG; 20MG, 25MG; 20MG	6		2/1/2025
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA	1/1/2025
RETEVMO ORAL TABLET 40 MG	5	PA; QL (90 tabs / 30 days)	1/1/2025
RETEVMO ORAL TABLET 80 MG	5	PA; QL (60 tabs / 30 days)	1/1/2025
RINVOQ ORAL SOLUTION 1MG/ML	5	PA; QL (360 mL / 30 days)	2/1/2025
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg, 10 mg	5	PA; QL (30 tabs / 30 days)	1/1/2025
VAXCHORA INTRAMUSCULAR SUSR	3		1/1/2025
VIGAFYDE SOLUTION 100 MG/ML	5	PA	1/1/2025
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 tabs / 30 days)	2/1/2025
VORANIGO ORAL TABLET 40 MG	5	PA	2/1/2025

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Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alter-native Drug Tier	Alter-native Drug Notes	Effective Date
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Deletion Of Drug From Formulary	Generic Available	ivabradine hcl oral tablet 5 mg, 7.5 mg	4	PA; QL (60 tabs / 30 days)	1/1/2025
ENDARI ORAL PACKET 5 GM	Deletion Of Drug From Formulary	Generic Available	l-glutamine oral packet 5 gm	5	PA	1/1/2025

Tier Changes

Affected Drug	Tier*	Notes	Effective Date
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5- 2.5-18.5 LF-MCG/0.5	1		2/1/2025
emtricitabine-tenofovir df oral tablet 200- 300 mg	2	QL (30 tabs / 30 days)	2/1/2025
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		2/1/2025
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1		2/1/2025
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1		2/1/2025
RECOMBIVAX HB INJECTION SUSPENSION 5 MCG/0.5ML	1	B/D	2/1/2025
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1		2/1/2025
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1		2/1/2025
VAXCHORA INTRAMUSCULAR SUSR	1		2/1/2025

* Lower cost sharing tier

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Requirement Changes

Drug Name	Tier	Notes	Effective Date
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